

APPLICATION TO **RECORD COURT-ORDERED LEGAL NAME CHANGE**
TO A **MICHIGAN BIRTH RECORD**

PLEASE READ AND FOLLOW INSTRUCTIONS

For additional information:

Vital Records Changes

(517) 335-8660 Mon-Fri 8:00 am - 5:00 pm ET

MAIL APPLICATION AND PROPER FEE TO:

Vital Records Changes

P.O. Box 30721

Lansing MI 48909

PERSON REQUESTING LEGAL NAME CHANGE		PLEASE PRINT CLEARLY AND LEGIBLY													
Please provide your name and complete mailing address to mail the new record to you and a phone number to contact you if there are questions regarding this request.															
Person Requesting Legal Name Change:															
Mailing Address:															
City/State/Zip:															
Daytime phone to contact you:	Area Code & Number							-				-			

ELIGIBILITY	
To be eligible to request a legal name change on a birth record, you must be the person named on the record and at least 18 years old, a parent named on the record, or a legal guardian or legal representative of the person named on the record. Legal guardians must include a copy of the court guardianship documents. Legal representatives must provide information on official letterhead, documenting that he/she represents the person named on the record.	
<input checked="" type="checkbox"/> Person named on the record (must be at least 18 years old)	<input checked="" type="checkbox"/> Legal guardian of the person named on the record
<input checked="" type="checkbox"/> Parent named on the record	<input checked="" type="checkbox"/> Legal representative of the person named on the record
Court order or true copy is attached (required to process application) : <input checked="" type="checkbox"/> YES (Court order will be returned to you)	

NAME AS INDICATED BY COURT ORDER		
First	Middle	Last

THE INFORMATION BELOW IS NEEDED TO LOCATE BIRTH RECORD TO BE CHANGED

If any birth information is unknown, please indicate "unknown" in the appropriate space.

INFO TO LOCATE BIRTH RECORD	NAME AT BIRTH: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> First Middle Last </div>	DATE OF BIRTH _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Mo Day Year </div>
	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	PLACE OF BIRTH: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Hospital (If recent birth) City County </div>
MOTHER'S NAME BEFORE FIRST MARRIED: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> First Middle Last </div>		
FATHER'S NAME: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> First Middle Last </div>		
Is this person adopted: <input type="checkbox"/> Yes <input type="checkbox"/> No If adopted or birth name has been changed for any reason, other than a marriage, please indicate name change:		

A SIGNATURE IS REQUIRED TO PROCESS THE APPLICATION

K Signature of Person Requesting Change: _____ Date: _____

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

PENALTIES: Any person who willfully and knowingly makes false application to change a Michigan birth record may be fined not more than \$1,000 and/or imprisoned not more than one (1) year. MCL 333.2894(1)(b) and (c).

PAYMENT - The fee for changing a Michigan birth record is \$26.00 and includes one copy of the record with the changes made. Additional copies of the new record are available for \$5.00 each when ordered at the same time. **Payment must be made by check or money order and made payable to the "State of Michigan."**

Application Fee (Non-Refundable) Fee includes one (1) certified copy of the record	\$26.00	\$ 26.00
_____ Additional Certified Copies	\$ 5.00 Each	\$
TOTAL ENCLOSED:		\$